# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 04, 2004**
**Secretary of State**

DOCUMENT# N94000003634

**Entity Name:** PARAGON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 N. A-1-A
FT PIERCE, FL 34949 US

**New Principal Place of Business:**

4400 NORTH A-1-A
FT PIERCE, FL 34949 US

**Current Mailing Address:**

4400 N. A-1-A
FT PIERCE, FL 34949 US

**New Mailing Address:**

4400 NORTH A-1-A
FT PIERCE, FL 34949 US

**FEI Number: 65-0607671** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SARVER, ROGER
4400 N. A1A #301
FORT PIERCE, FL 34949

**Name and Address of New Registered Agent:**

LARSEN, STUART E
4400 NORTH A1A, #701
FORT PIERCE, FL 34949 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STUART E. LARSEN 02/04/2004
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MOORE, RICHARD
Address: 4400 N. A1A, #301
City-St-Zip: FT PIERCE, FL 34949

Title: D ( ) Delete
Name: AXELROD, JACK
Address: 4400 N A1A #201
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: SARVER, ROGER
Address: 4400 N. AIA 301
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: LARSEN, STUART E
Address: 4400 NORTH A1A, #701
City-St-Zip: FT PIERCE, FL 34949

Title: D (X) Change ( ) Addition
Name: MOORE, RICHARD
Address: 4400 NORTH A1A, #1001
City-St-Zip: FORT PIERCE, FL 34949

Title: D (X) Change ( ) Addition
Name: SARVER, ROGER
Address: 4400 NORTH AIA, # 301
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART E. LARSEN D 02/04/2004
Electronic Signature of Signing Officer or Director Date